



Office Use Only

APPLICATION #	_____
FILING FEE	_____
VEHICLE LIC. #	_____
TO	_____
ISSUED	_____
FEE PAID \$	_____
CERTIFICATE #	_____

OFFICE OF THE TOWN CLERK
 One Washington Street Hempstead, NY 11550
 Tel: (516) 812-3025 email: licensing@tohmail.org

FIRST TIME **RENEWAL**
TAXI CAB OWNER

Please indicate type of ownership

<input type="radio"/> Individual Owner		<input type="radio"/> Co-Partnership		<input type="radio"/> Corporation	
Name of applicant: DBA _____				Phone # _____	
Address: _____			Email Address: _____		
Exact location of depot or dispatching office: _____				Business hours _____	Business phone # _____
Corporation, Co-partnership or Individual using a trade name					
If corporation, co-partnership or individual using a trade name, fill in blank spaces below					
Corporation, or trade name: _____				Phone # _____	
Main office: _____					
Incorporated ? YES <input type="radio"/> NO <input type="radio"/>		Date: _____		State: _____	
Name			Address		
Partner or President	_____		_____		
Partner or Vice President	_____		_____		
Partner or Secretary	_____		_____		
Partner or Treasurer	_____		_____		
What connection has above named individual, co-partnership or corporation with ownership or operation of vehicles described herein ?					
<input type="radio"/> Owner		<input type="radio"/> Holding company		<input type="radio"/> Lessee	
<input type="radio"/> Operating company					
_____ Citizenship _____					
To be filled out in relation to each individual or partner and each officer of corporation making this application					
Name	Birth place	Age	Naturalized	Declared Intentions	Date
_____	_____	_____	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	_____
_____	_____	_____	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	_____
_____	_____	_____	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	_____
_____	_____	_____	YES <input type="radio"/> NO <input type="radio"/>	YES <input type="radio"/> NO <input type="radio"/>	_____

Certificate of insurance must be attached showing coverage on all vehicles' public liability insurance Amount: Policy #: Company:	Property damage insurance Amount: Policy #: Company:
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Are there any unpaid judgements outstanding against the applicant? ANSWER YES NO
 If yes, attach separate paper stating amount unpaid and nature of the transaction or act giving rise to said judgements.
 Include location of court and date on which judgement was entered.

List all violations of any traffic law, ordinance or regulation for which you or any member of firm or corporation have been arrested or convicted within the past 18 months.

Date	Violation	Name and Location of Court	Penalty imposed

Were you, or any member of firm or corporation, ever convicted of any crime or offense other than traffic infractions ?

Date	Violation	Name and Location of Court	
			NUMBER OF VEHICLES APPLICANT INTENDS TO OPERATE: <input style="width: 50px;" type="text"/>

Describe below each vehicle for which application is made for a taxicab license.
Please supply additional info if needed

— Last Four Only —

Car #	Make	Model	Seating Capacity	Vin #	N.Y. State Lic. plate #	Current taxi #	Office Use Only
							New License #

I solemnly swear to the truth of the above statements

Sworn to before me this _____
 Day of _____ 20____

Signature of Applicant

 NOTARY PUBLIC

Title